

IOWA DEPARTMENT OF NATURAL RESOURCES APPLICATION FOR

COMMERCIAL SEPTIC TANK CLEANER

[] New License			
[] Renewal ST	ımber		
Business Name:			
Business Address:			
City:	State:	Zip:	
County Name:	Telephon	ne Number:	
Applicants Social Security Number:			
VEHICLES: (List additional vehicles or	1 back of form.)		
(1) Vehicle Identification Number	er (VIN)		
Make	Model	Year	
License Plate Number		State	
Tank Capacity	gallo	ons.	
I agree the DNR may provide this inform violations of any of the provisions of 567			
(Printed name of person signing	<u> </u>	(Title)	
(Date)	(Signature of owner or responsible party)		

Make \$25.00 check or Money Order payable to DNR.

Return Application and Fee To:
IOWA DEPARTMENT OF NATURAL RESOURCES
Customer Service Bureau _ License Section
WALLACE STATE OFFICE BUILDING
502 East 9th Street
DES MOINES, IOWA 50319-0034

(2) Vehicle Identification Num	ber (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	
(3) Vehicle Identification Numb	er (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	
(4) Vehicle Identification Numb	er (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	
(5) Vehicle Identification Numb	er (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	
(6) Vehicle Identification Numb	er (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	
(7) Vehicle Identification Numb	er (VIN)	
Make	Model	Year
License Plate Number		State
Tank Capacity	Gallons	